U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

	For Official Esta Online			
	AUG 152005			
E	ONS DED!			

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 8963	2. Fiscal Year Covered From 1 / 1 / 2005 Through 8 / 8 / 2005			
	1 / 1 / 2005 infoligit 8 / 8 / 2005			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name _{David} M Wicks	Name Brotherhood of Locomotive Engineers and Trainm Labor Organization File Number 200 / 57			
PO Box, Bidg, Room No, if any P.O. Box 86	PO Box, Building and Room Number, if any			
Street 105 Bell Street	Street			
City Corydon	City			
State Kentucky ZIP Code + 4 42406-0086	State ZIP Code + 4			
5 Position in labor organization Local Chairman, Division 154				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6 Name and address of Emptoyer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income						
Name Moody, Strople, Kloeppel, Basılone, & Hıggin	Firm has bought the group breakfast a few times to date in 2005 at our regular monthly meetings. Dates and amounts unknown.						
Trade Name, if any							
P O Box, Bldg , Room No , if any							
	7 b Amount.						
Street 500 Crawford Street, Suite 300							
Cdy Portsmouth							
State Virginia ZIP Code + 4 23704							

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)						
and agricus an intermedical prior section, prior, confect, and complete (one are	ouon on p	endides in the inst	accions y			
Signed August 1	On	8/8/2005	270-533-3536			
C		Date	Telephone Number			

Name of Person Filing David Wicks	File Number U-			
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name	- Labor Ornorisation			
Trade Name, if any	a Labor Organization b Trust			
PO Box, Bldg, Room No, if any	c. Employer			
Street				
Crty				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name, if any				
PO Box, Bidg , Room No , if any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.			
Name				
Trade Name, if any				
PO Box, Bldg, Room No, if any				
Street				
City				
State ZIP Code + 4				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.			